### SIKKIM

## **GOVERNMENT**



## **GAZETTE**

## EXTRAORDINARY PUBLISHED BY AUTHORITY

Gangtok

Monday 23rd August, 2010

No. 448

Dated: 20.08.2010

#### GOVERNMENT OF SIKKIM HOME DEPARTMENT GANGTOK

No. 92/ Home/ 2010

### NOTIFICATION

In exercise of the powers conferred by section 7 of the Sikkim Tenants and Domestic and Professional Helps (Compulsory Verification) Act, 2008 (33 of 2008), the State Government hereby makes the following rules to amend the Sikkim Tenants and Domestic and Professional Helps (Compulsory Verification) Rules, 2009, namely:-

- 1. (1) These rules may be called the Sikkim Tenants and Domestic and Professional Helps (Compulsory Verification) Amendment Rules, 2010.
  - (2) They shall come into force on the date of their publication in the Official Gazette.
- 2. In the Sikkim Tenants and Domestic and Professional Helps (Compulsory Verification) Rules, 2009, for Forms I and II, the following Forms shall be substituted, namely:-

## "SIKKIM TENANTS AND DOMESTIC AND PROFESSIONAL HELPS

	(COMPULSORY VERIFI	ICATION) RULES, 2009
Sl.No	-	UID:

#### FORM-I

#### (To be submitted in triplicate when verification of antecedent is required, and in duplicate when verification of antecedent is not required)

#### Particulars of the tenant

1	Name in full		<u> </u>		
-	Gender	Male	Female		** (4)
	Date of Birth	Day	Month	Year	
	Identification Mark				Photograph of the tenant (without colour specs)
2	Father's Name:				
3	Permanent Address:	House No. Building name Road name Village/town/ci Tehsil/locality Post office Police station District State/U.T PIN code Phone numbe	ty		
4	Profession (Please tick):	☐ Central Pu☐ Retired Sta☐ Retired Ce☐ Retired Ce☐ Businessm☐ Private em☐ Housewife☐ Student☐ Unemployed	ovt. Servant ic Sector Underl blic Sector Underl ate Govt. Servar intral Govt. Serva ate Public Secto intral Public Secto an/ Self-employ iployee	ertaking Servant nt vant r Undertaking El tor Undertaking ved	mployee

5. (i). if the tenant is serving Government or Public Sector Undertaking employee, attach a certificate from his Head Office, and mention the No. & date here:.....

(ii). if the tenant is a retired Government or Public Sector Undertaking, attach an attested copy of the
relevant pages of the Pension Pay Book containing the name and photograph.

Or

(iii). if the tenant holds Sikkim Subject Certificate/ Certificate of identification / Voter's Identity Card or ration Card issued by a Competent Authority of the Government of Sikkim, attach an attested copy and give the details below:

6. Particulars of the dependents (spouse, children, spouses of children, parents, grand parents, grand children and blood relations of the tenant who reside with the tenant)

SI.No.	Name	Age	Relationship	Profession
1.				
2.				
3.				4.0
4.				
5.				
6.				

<sup>\*</sup> incase the number of dependants is more than seven, a separate sheet of paper can be appended

7. Particulars of the place of residence of the tenant during the past 12(twelve) months

SI. No	From	То	Address where Resided
			House No.
			Building name
			Road name
			Village/Town/City
			Tehsil/Locality
1			Post Office
			Police Station
			District
			State/UT
			PIN Code
			House No.
			Building name
			Road name
			Village/Town/City
			Tehsil/Locality
II			Post Office
			Police Station
			District
			State/UT
			PIN Code

appended	
8. If the tenant had resided under the jurisdiction of had been carried out, give the name of the Po	of another Police Station in Sikkim, and Police Verification
I certify that the particulars mentioned above as	re true to the best of my knowledge and belief.
Date:	(Signature of the Tenant)
Date.	(Signature of the Fenant)

\*Incase the tenant has resided in more than two places, a separate sheet of paper can be-

i. ii. Villag Hous Buildi Road	e/Town/City e No.	Name: (Mr / Name of Fati		
i. Villag Hous Buildi	e/Town/City e No.	Name: (Mr /		
ii. Villag Hous Buildi	e No.			
ii. Villag Hous Buildi	e No.			
Villag Hous Buildi	e No.	Transfer and	her / Husband (tick)	
Hous Buildi Road	e No.			Address
Buildi Road				
Road	ng name			
Tehsi	name			
	I/locality			
Post	office		· · · · · · · · · · · · · · · · · · ·	
	station			
Distric				<u></u> .
State		<b></b>		
PIN c				
Phone	e number			
Particula	rs of the agent	of the house ov	vner who submits th	nis application
1				
i. II.		Name: (Mr / I		
u.   iii.		Name of Fatr	ner / Husband (tick)	Address
	e/Town/City			Addiood
House				
	ng name			
	name			
Tehsi	l/locality			
Post	office			
Police	station			
- 1 - Direction	. 4			
Distric	<u> </u>			··· · · · · · · · · · · · · · · · · ·
State/				· · · · · · · · · · · · · · · · · · ·
	/U.T			

#### FOR OFFICIAL USE

Register Serial No.		Date:				
Verification is dispensed with in term below:		of the Act for the reasons mentioned				
	OR					
One copy has been forwarded to		for verification				
and report vide setter 140.		ualeu				
	(signatur	e of Officer-in-Charge Police Station)				
VERIF	CATION CERTIFIC	CATE				
The particulars of the persons name please tick the correct options given b		ve been verified and it is certified that (May				
<ol> <li>The personal particulars are c</li> <li>The address given in the jurisc</li> <li>There is no criminal/adverse restation.</li> </ol>	diction is correct	above persons in the records at this police				
		is false, may please give the details below)				
**************************************						
, , , , , , , , , , , , , , , , , , , ,		- 4 4				
		on:				
	Telephone					
	No:					

# SIKKIM TENANTS AND DOMESTIC AND PROFESSIONAL HELPS (COMPULSORY VERIFICATION) RULES, 2009 UID:

				FORM					L	ll				
(To	be sub	mitted in du	plicate when verific when verification	(see rui ation of of antec	f the anto edent is	eceden not re	t is req (berlup	uirec	l, an	d a s	lngl	e co	эру	
<del></del>			Particulars of the	Domes:	tic/Profe	ssional	Help							
1	Name	in full:								Do	otog omes ofess	stic	h of t	he
2	Gende	er:		Male		Fema	ile			He	lp(w	itho	ut	
3		's name:												
4	Alias, if any:								_			1		
5	Date o			Day	Mon	<u>th</u>	Year		_					
6		cation Mark												
7	Profes													
8	Spous	e's Name:						·-·						
				Perman	ent addre	ess								
	House					· ·			_					
	Road N	g Name							_					
_	100 000000								_					
9		Town/City Locality				<del></del>			-	Ci-		/		
9	Post O			·					-	_	ınatu umb	ire/		
_									$\dashv$			-:		
	Police Station District								$\dashv$	of t	ores	SION		
	State/L					-			┥		mes	tio/		
	PIN co		,						$\dashv$		ofess		ام	
		Number							-	hel		NOI 10	21	
			-1	-111					<del></del> _		<u> </u>	_		
10.	Addres	s where the	domestic/ Profession	ai neip r	esided d	uring th	e past a	24 mc	ntns	<u> </u>				
	From	То	Full Address											
			House No.							100				
			Building Name											
			Road Name											
			Village/Town/City	/										
	•	ı.	Tehsil/Locality		-"									
			Post Office											
	i		Police Station											
		¥	District											
			State/U.T											
_		<b>T</b>	PIN code											-
	From	То	Full Address	<del></del>			<del></del>							
			House No. Building Name											
			Road Name		<del>~ ~ ~</del>									
			Village/Town/City	, +										
	ì		Tehsil/Locality					-						
			Post Office											-
	ì		Police Station			·								
			District										-	
			State/U.T											
			PIN code			_								
	-													

11. Place where the Domestic/ Professional Help is being employed by the employer/ Applicant

(a)	If Employed at the	Village/Town					
• •	place of residence	House No.					
	of the employer	House Name					
	applicant	Road Name					
		Phone No.					
(b)	If in the Office/	Village/Town					
	Establishment	Building No.					
	of the employer applicant	Building Name					
		Road Name					
		Name of Office					
		Phone No.					
		Nature of duty					
(c)	If in the landed	Village/Town					
	property	Type of land	Agricu	ilture	Others		
(d)	If employed in a	Type of vehicle	Comn	nercial	Non-Commercial		
	vehicle of the	Nature of duty	Driver		Helper		
	employer	If driver, driving license No:					
	applicant	Registration No. of vehicle in which employed					
(e)	If employed	Type of Vessel/ a	aircraft	Commercial	Non-Commercial		
	in aircraft	Nature of duty					
	vessei/aircraft	Area of operation	1				
	of the employer	Aircraft/vessel					
	,	registration No.					

12.	Whether the Help holds any of these	Sikkim subject Certificate
	documents	Certificate of Identification
	(if so, tick and attach an attested copy)	Certificate issued by District Collector that the Help is a permanent resident of Sikkim
		Voter's identity Card issued by the Competent Authority of the Government of Sikkim
		Ration Card issued by a Competent Authority of Govt. of Sikkim
		A photo identity card/document issued under the authority of the Central Govt. or State Government or a Public Sector Undertaking

13.(i). If the Domestic/ Professional Help is a retired official of the Central or a State Government organization, attach an attested photocopy of the Pension Payment Book containing the name and photograph, and mention the details below:

(ii)	parents, grand organization, at prove the emplo	children or blo tach attested syment of the o	I Help is a dependent (spouse, son/ da lood relation) of a serving official of the Co photocopy of the following documents official in a Central or State Government comestic/ Professional Help with the sa	entral or a State Gove s, namely (a) a docur organization; (b) a do	rnment ment to
			Or		
(iii).	parents, grand organization, at pages of the Pe	children or blo tach attested ension Payme	Help is a dependent (spouse, son/ da bod relation) of a retired official of the Ce d photocopy of the following documer ant book of the retired official, containing e relation of the Domestic/ Professional	entral or a State Gove hts, namely (a) the ri g his name and photo	rnment elevant ograph;
a.	Particulars of th	e Employer		•	
i.	Name: (Mr / Ms	)			
ii	Father's / Husb	and's Name			
iii.			Address		
	Village/ Town				
	House No.				
	House name				
	Road Name				
	Phone No.				
14. D	etails of documen	ts enclosed (	photocopies to be attested):		
(i). Ba	ank Receipt No	1 10	date	d	for
Rs			(in c	original)	
(ii).					
(iii).					
				<u> </u>	
Date:			(Signature of t	he Employer)	

#### FOR OFFICIAL USE

Register Serial No.	Date:
	ion of the Act for the reasons mentioned
One copy has been forwarded to	ORfor verification
	(signature of Officer-in-Charge Police Station)
VERIFICATION CERTIFICATE	
The personal details of the applicant have been verified and it is certified that (May please tick the correct options given below)	
<ol> <li>The personal particulars of the applicant are correct.</li> <li>The applicant's address given in the jurisdiction is correct</li> <li>There is no criminal/adverse record against the applicant in the records at this police station.</li> <li>(In case any of the information submitted by the applicant is false, may please give the details below)</li> </ol>	
***************************************	***************************************
	***************************************
1	Name:
	Rank:
	Police Station:
1-3-1	District:
Te	Telephone No:"

T.T. Dorji, IAS
Chief Secretary
Government of Sikkim
File No. Home/CONF/219/2008/1